

CCC / CCC+ EXAMINATION REGISTRATION FORM FOR DIRECT EXAM FOR EMPLOYEES OF STATE GOVERNMENT

NOTE : ALL INFORMATION SHOULD BE FILL IN ENGLISH CAPITAL LETTERS ONLY

1	NAME OF SECRETARIAT	:		Passport Size Photograph
2	NAME OF DEPARTMENT	:		
3	NAME OF INSTITUTE / OFFICE	:		
4	OFFICE ADDRESS	:		
			PHONE NUMBER	
5	NAME AND DESIGNATION OF HEAD OF INSTITUTE/OFFICE CONTACT NUMBERS AND E-MAIL ADDRESS	:	(M) (O)	
6	NAME OF EMPLOYEE (STARTING WITH SURNAME)	:		
7	DESIGNATION	:		
8	GPF ACCOUNT NO.	:		
9	DATE OF BIRTH	:		
10	AGE	:		
11	DATE OF JOINING	:		
	11.1 IN GOVT. SERVICE	:		
	11.2 DEPARTMENT	:		
12	DATE OF RETIREMENT	:		
13	PERMANENT RESIDENTIAL ADDRESS	:		
			PHONE NUMBER	
14	SEX	:	0 - MALE / 1 - FEMALE	
15	MARITAL STATUS	:	0 - UNMARRIED / 1-MARRIED / 2 - DIVORCED / 3- WIDOW	
16	CASTE	:	0 - GENERAL / 1 - SC / 2 - ST / 3 - OBC	
17	WHETHER PHYSICALLY HANDICAPPED?	:	YES / NO	
18	WHETHER EX-SERVICEMAN?	:	YES / NO	
19	WHETHER LIKELY TO BE PROMOTED / HIGHER SCALE WITHIN MONTHS	:	3 / 6 / 9 / 12 / NOT APPLICABLE	

SIGNATURE OF EMPLOYEE

SIGNATURE OF HEAD OF EXAM CENTRE

SIGNATURE OF HEAD OF EMPLOYEE'S OFFICE

.....✂ CUT FROM HERE

ADMIT CARD

NAME OF EXAM CENTRE	:		Passport Size Photograph
DATE OF EXAMINATION	:		
NAME OF EMPLOYEE	:		
SEAT NUMBER :	:		
TRIAL NUMBER	:	1 (One) / 2 (Two) / 3 (Three)	

SIGNATURE OF HEAD OF EXAM CENTRE

SIGNATURE OF HEAD OF EMPLOYEE'S OFFICE